



Form No. 12S
(A/02-09)

Town of Spencer Sewer Department

90 N West Street
Spencer, Indiana 47460
Phone (812) 829-3213

Application for Sewer Deduct Meter

Name:		Phone No: () -	
Address:		City, State:	Zip:
Service Address (if different than above):			
Account Number:		Meter #	
Described the purpose for the Sewer Deduct Meter:			
Have the appropriate Plumbers Permits been obtained? <input type="checkbox"/> YES <input type="checkbox"/> NO		Plumbers Licensed Certifications and Installation Diagrams attached? <input type="checkbox"/> YES <input type="checkbox"/> NO	
I agree that the installation of the sewer deduct meter is for the purpose as stated above. Any usage, other than those listed above, shall lead to termination of the sewer deduct meter and prosecution for theft of services.			
Signature:		Date:	
Printed Name:		Title (if applicable):	

Office Use Only

Date application received _____	
Deduct Meter Approved: <input type="checkbox"/> Approved: <input type="checkbox"/> Denied Date Approved: _____ Amount Approved: _____ Date Adjustment entered on computer: _____	
Inspected by BBP Water? By Whom: _____	Inspected by Town of Spencer? By Whom: _____